

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571) 273-2885

or **Fax**

INSTRUCTIONS: This form should be used for transmitting the **ISSUE FEE** and **PUBLICATION FEE** (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

27381 7590 10/11/2005

MEDTRONIC, INC.
 710 MEDTRONIC PARKWAY NE
 MS-LC340
 MINNEAPOLIS, MN 55432-5604

01/12/2006 HGBREM2 00000011 132546 09779537

01 FC:1501 1400.00 DA
 02 FC:1504 300.00 DA



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

| | |
|------------------|--------------------|
| MOLLY CHLEBECK | (Depositor's name) |
| Molly Chlebeck | (Signature) |
| January 11, 2006 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09779,537 | 02/09/2001 | Eduard Koulik | P-8722 | 5756 |

TITLE OF INVENTION: ECHOGENIC DEVICES AND METHODS OF MAKING AND USING SUCH DEVICES

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|-----------------|--------------|----------------|-----------------|------------------|------------|
| nonprovisional | NO | \$1400 | \$300 | \$1700 | 01/11/2006 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | | | |
| JUNG, WILLIAM C | 3737 | 600-458000 | | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Paul H. McDowell
 2 Girma Wolke-Michael
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Medtronic, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Minneapolis, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small-entity discount permitted)
☐ Advance Order - # of Copies

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-203S is attached.
☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-2546 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Michael C. Soldner

Typed or printed name

Michael C. Soldner

Date

January 11, 2006

Registration No.

41,455

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**ISSUE FEE TRANSMITTAL**

In re Application of: Edouard Koulick
For: ECHOGENIC DEVICES AND METHODS OF MAKING AND USING SUCH DEVICES
Serial No.: 09/779,537
Filed: February 9, 2001
Docket No: P8722.00



CERTIFICATE UNDER 37 CFR §1.8. I hereby certify that the paper(s)
(3) total) as described herein are being sent to telefacsimile No. (571) 273-2885,
MAIL STOP ISSUE FEE, Commissioner for Patents, P.O. Box 1450,
Alexandria, VA 22313-1450, on January 11, 2006.

Molly Chlebeck

Signature

Molly Chlebeck

Printed Name

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

Sir:

We are transmitting herewith the attached:

- X PTOL FORM 85B
- X FEE ADDRESSEE FOR RECEIPT OF PTO NOTICES RELATING TO MAINTENANCE FEES

- X Please charge Deposit Account No. 13-2546 in the amount of **\$1,700.00** for the Issue Fee.
- X Applicant believes that no extension of time is required. However, if an extension of time is required, please consider this a petition therefor to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time and charge same to Deposit Account 13-2546.

January 11, 2006

Date

Michael C. Soldner

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